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**INTERPRETIVE GUIDELINES AND SURVEY
PROCEDURES FOR THE APPLICATION OF
STANDARDS FOR THE GENERAL INTERMEDIATE
CARE FACILITIES
45CFR249.12 (A) AND (B)**



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APPENDIX B

Interpretive Guidelines and Survey Procedures
for the Application of Standards for the General
Intermediate Care Facilities
45CFR249.12 (a) and (b)



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INTRODUCTION

INTERPRETIVE GUIDELINES AND SURVEY PROCEDURES FOR THE APPLICATION OF STANDARDS FOR GENERAL INTERMEDIATE CARE FACILITIES (ICF)

The physical well-being, and the personal and emotional welfare of individuals in intermediate care facilities should be the prime concern of those who make determinations as to the adequacy, appropriateness and timeliness of care and the treatment being rendered. Therefore, the intermediate care facility is designed to provide a protected environment for persons whose health needs require constructive supervision in an institutional setting to prevent deterioration and disability.

Some of the residents in an intermediate care facility may need a minimum of physical care, may have few orders in the health care plan yet require a great deal of emotional support to return them to a previous level of or a new stage of independence or to prevent regression. Other residents may require considerable physical care in the form of personal care services, activities of daily living, therapy services, emotional support and recreational activities. The ICF does not provide the services available in a skilled nursing facility. However, there is either a registered nurse or licensed practical nurse who serves as health services supervisor, since all ICF residents need some health-related services.

The type of care required rather than the quantity is a primary factor in determining the need for continued care in a particular ICF. Many elderly and infirm need a great deal of attention which can be provided by persons with little training. However, the admission policies of the facility will determine whether the facility can accept an applicant and whether it can retain the resident should his condition deteriorate.

There may be residents who experience a period of acute illness, who can easily remain in the facility if nursing care is provided. If, in fact, no transfer is required, the health services supervisor may provide nursing care or the facility can make other arrangements for the service by contracting with outside resources such as licensed nurses in the community or a certified home health agency.

Neither the regulations nor these interpretive guidelines based on the common needs of intermediate care recipients make any attempt to distinguish levels. The State Medicaid agencies, however, may establish differing levels of care in intermediate care facilities so long as each level of care provided meets the minimum Federal standards established for ICF's or meets the State agency's standards for each level of care, if they are higher.

In summary, the philosophy of intermediate care is to maintain residents at their maximum level of self care and independence.

These interpretive guidelines and survey procedures are multipurpose in design. They have been promulgated primarily for use by the State survey agency, the State Medicaid agency, and the providers, but it is hoped that they will also be of value to organizations and citizens who are concerned about the care provided to our institutionalized elderly and infirm through the Medicaid program.

The regulations, interpretive guidelines and survey procedures should be viewed and used simultaneously. Often elements in the standards are not repeated in the interpretive guidelines because these elements are self explanatory. Where clarification of a standard is needed, an interpretation has been supplied. Definitions of qualifications of personnel have been appended to the guidelines for easy reference. These definitions have been taken from 20 CFR 405.1101 (skilled nursing facility regulations). The standards are grouped in functional order as they will appear on the survey report form.

The surveyor is to evaluate the situation as it exists and exercise his judgment in determining if a standard is in compliance. Often, the interpretive guidelines specify a particular number or condition not found in the standards themselves. Such specificities are accompanied by such terms as "it is recommended" or "at least" to convey that these are recommendations; and are not the final consideration determining compliance. For example, the specificity in interpretive guidelines 249.12(a)(6)(ii), that the linen supply be 3 times the number of occupied beds does not necessitate noncompliance when the linen supply is 2-1/2 times the number of occupied beds but all beds have clean linen. The intent is that there be an adequate supply. The measurement simply affords a basis on which to make a judgment.

The frequency and duration of consultation are not specified in the standards requiring the use of qualified consultants except in the case of the registered nurse. Requiring a specific number of hours or visits does not assure effective or quality consultation. In such cases, interpretive guidelines may recommend a minimal number of hours considered desirable for consultation. However, the surveyor must decide if the time spent in the facility by the consultant is sufficient. A well controlled drugs and biological system may require few hours of consultation a month, depending upon such factors as staff capabilities, training, and the cooperation of the administrator of the facility in implementing a consultant's recommendations. Conversely, if a poorly run drugs and biological service is observed, although consultation is frequent, the problem may be in the quality of the consultation, or may be due to the administrator's refusal to implement the consultant's recommendation, or to some other cause. Thus, the end product, the quality of the service in question, must be the determining factor, not just the number of hours a consultant spends in the facility.

A number of the standards state that the facility should have established procedures to implement the requirements in the standard. This is not to be confused with the policy of a facility. The distinction between policy and procedures is that a policy is the authoritative body of principles and decisions that govern the operation of the facility. The procedure is the method by which that policy is carried out. For example, a facility may develop a policy that states that only the individual prescription system shall be used in the facility. The procedure for accomplishing that policy would explain how the physician's prescription order is transmitted to the pharmacy, what is expected of the pharmacist in dispensing the drug, how the dispensed drug is delivered to the nursing station, etc.

Frequently, in the survey procedures, the surveyor is directed to interview facility personnel to obtain sufficient information to make his final recommendations. While interviews with the administrator or the health services supervisor must necessarily be in depth, the surveyor need not disrupt the facility by protracted interviews of all the staff. A few well phrased questions to many of the staff will elicit the desired information. Questions should be put in plain language. For example, to determine if a staff member is aware of disaster procedures and his role in such events, a surveyor may simply ask, "If you smelled smoke, what would you do?"

Questions should also be directed to the appropriate personnel. If the facility has established procedures, with designated staff responsible for particular functions, as for example, if administration of medications is restricted to certain staff, questions should be directed only to the personnel charged with this responsibility. Likewise, unless there is a resident in isolation, the staff should know that there are isolation procedures and where they are located but do not have to be familiar with them.

These interpretive guidelines and survey procedures are tools to be used by both the surveyor and the provider in maintaining an acceptable level of care.

STANDARD

State Licensure - 45CFR249.10(b)(15)(1)(a)

It meets fully all requirements for licensure under State law to provide on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities.

INTERPRETIVE GUIDELINES

249.10(b)(15)(1)(a)

1. The facility's current license is available.
2. If the facility is not subject to licensure, a letter of approval stating that standards in licensure regulations are met is available.

SURVEY PROCEDURES

249.10(b)(15)(1)(a)

The surveyor verifies at the time of each survey that the facility holds a current license. In instances where State licensure or approval is provisional or temporary, the surveyor documents the reason for the status and any limitations imposed on the operation.

STANDARD

249.12(a)(1)(vii)

Conformity with Federal, State and Local Laws - The facility is in conformity with Federal, State, and local laws, codes, and regulations pertaining to health and safety, including procurement, dispensing, administration, safeguarding and disposal of medications and controlled substances, building, construction, maintenance and equipment standards; sanitation; communicable and reportable diseases; and post-mortem procedures.

INTERPRETIVE GUIDELINES

249.12(a)(1)(vii)

The facility is in compliance with all Federal, State and local laws and regulations applicable to the facility's personnel, provision of services, and the physical plant.

1. Licenses, permits, and approvals of the facility are posted or made available to the public.
2. The facility is in conformity with requirements for fire safety, sanitation, communicable and reportable diseases, drugs and biologicals, medical examiners, and other relevant health and safety requirements. Current reports of inspections by State and/or local health authorities are on file and notations are made of action taken by the facility to comply with any recommendations.

3. The personnel files have the employee's current licensure or registration numbers recorded.

4. There is a written procedure for a periodic verification of licensure or registration status of personnel at the time of employment and thereafter.

5. The facility's written policies and procedures cover the steps for reporting communicable and reportable diseases.

SURVEY PROCEDURES

249.12(a)(1)(vii)

1. The surveyor is familiar with the Federal, State, and local laws relating to health and safety requirements for intermediate care facilities and checks the policies and procedures of the facility to ensure that all pertinent areas are covered.
2. The most recent reports from inspection agencies are reviewed, and when recommendations have been made, a status report of actions taken is requested from the administrator.

STANDARD

INTERPRETIVE GUIDELINES

249.33(a)(3)

Provide that any intermediate care facility receiving payments under the plan must supply to the licensing agency of the State full and complete information, and promptly report any changes which would affect the current accuracy of such information, as to identity:

- (i) Of each person having (directly or indirectly) an ownership interest of 10 percent or more in such facility or who is the owner (in whole or in part) of any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by such facility or any of the property or assets of such facility
- (ii) In case a facility is organized as a corporation, of each officer and director of the corporation, and
- (iii) In case a facility is organized as a partnership, of each partner.

249.33(a)(3)

The facility makes available current articles of incorporation, partnership agreements and other required legal documents. Such information should include the type of ownership (individual proprietor, corporation, partnership, lease arrangement, etc.)

249.33(a)(3)

1. The State agency has in its files information relative to the ownership of a facility. In those instances where the facility is incorporated, State files also contain the names and addresses of the corporate officers and of each person having a 10% or greater interest in the ownership of the facility. In those instances where the facility is a partnership, the files contain the names and addresses of each partner. The surveyor reviews this information in the State file prior to conducting the survey and compares it with the data obtained during the onsite visit.

II. Transfer Agreement - 45CFR249.12(a)(2)

249.12(a)(2)

The facility has in effect a transfer agreement with one or more hospitals sufficiently close to the facility to make feasible the transfer between them of residents and their records, which provide the basis for effective working arrangements under which inpatient hospital care or other hospital services are available promptly to the facility's residents when needed.

Any facility which does not have such an agreement in effect but which is found by the survey agency to have attempted in good faith to enter into such an agreement with a hospital shall be considered to have such an agreement in effect if and for so long as the survey agency finds that to do so is in the public interest and essential to assuring intermediate care facility services for eligible persons in the community.

249.12(a)(2)

The agreement:

1. Is in writing and is signed by persons authorized to execute such agreement on behalf of the institutions;

2. Is on file in the facility;

3. Ensures the interchange of medical and other information necessary or useful in the care and treatment of residents transferred between the institutions, or in determining whether such residents can be adequately cared for;

4. Specifies the responsibilities assumed by both the discharging and receiving institutions for prompt notification of the impending transfer of the resident, for agreement by the receiving institution to admit the resident, for arranging appropriate and safe transportation and care of the resident during transfer, and for the transfer of personal effects, and of information related to such items;

5. Specifies restrictions with respect to the types of services available and/or the types of residents or health conditions that will not be accepted by the hospital or the facility;

6. Includes other criteria relating to the transfer of residents such as waiting list priorities; and

7. Specifies that restrictions and criteria are the same as those applied by the hospital or facility to all other potential inpatients of either institution.

Transfer Agreement - 249.12(a)(2)

1. The surveyor verifies that there is in effect a transfer agreement with one or more hospitals to ensure continuity of care, and that the agreement:

a. Delineates the responsibilities assumed by both the hospital and the intermediate care facility.

b. Specifies the arrangements for safe transportation and care of the resident during transfer.

c. Covers the responsibility for the transfer of personal effects, particularly money and valuables, and for information related to health status.

d. Is with a hospital close enough to make the transfer of residents feasible.

e. Identifies the hospital care and services that are available to the residents as well as the intermediate care facilities that are available to patients in the hospital.

2. To justify that the facility qualifies for a waiver, the surveyor must establish that there is no hospital servicing the area, or if there is one, that an attempt to enter an agreement was unsuccessful. The attempt is documented by letters or records of conferences.

STANDARD

Administrative Management - 45CFR249.12(a)(1)

- (1) The facility maintains methods of administrative management which assure that:

- (i) Staffing - There are on duty all hours of each day staff sufficient in number and qualifications to carry out the policies, responsibilities, and programs of the facility. The numbers and categories of personnel are determined by the number of residents and their particular needs in accordance with guidelines issued by the Social and Rehabilitation Service.

INTERPRETIVE GUIDELINES

249.12(a)(1)

The facility is efficiently organized to meet the varying needs of its residents for health and maintenance services and personal care.

249.12(a)(1)(i)

Staffing requirements in a facility must take into consideration the needs of residents as well as the size of the facility. The numbers of staff required to provide optimum care will vary from facility to facility, thereby making it difficult to establish ratios satisfying minimum requirements.

1. The facility as a minimum meets the State licensure staffing requirements. In the absence of a State requirement, the number and level of personnel sufficient to meet the needs of residents should be judged in terms of:

- a. Assisting residents to learn to live with their condition and to care for themselves.
- b. Giving assistance in maintaining optimal physical and psychological functioning.
- c. Encouraging participation in activities program.
- d. Protecting from accident and injury by appropriate measures.
- e. Assuring that the routine, special and emergency needs of all residents are met at all times.

2. The adequacy of the staffing pattern is dependent upon:

1. The number of residents and the nature of their condition.

SURVEY PROCEDURES

Staffing - 249.12(a)(1)(i)

1. The staffing pattern is checked to ensue it meets State requirements.
2. In order to determine the adequacy of staff, the surveyor:
 - a. Reviews the scope of services provided, the characteristics of the residents, and the staffing pattern.
 - b. Visits resident care areas, observes the appearance of the residents and the environment.
 - c. Talks with a number of residents and personnel concerning care.
 - d. Compares plan of care with personnel assignment sheets, reads several resident records to ascertain that they are receiving the prescribed services.
 - e. Reviews job descriptions of each classification of personnel to see that their duties are consistent with their functions; and
 - f. Checks time sheets for all tours of duty to verify consistency of staffing.

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

- b. Non-resident related functions performed by the staff.
- c. Physical layout of the facility.
- d. Level of preparation of the staff.
- e. Characteristics and intensity of resident needs as related to:
 - (1) Functional Status
 - (a) Independent
 - (b) Needs Assistance
 - (c) Orientation as to time, place, person
 - (2) Impairment
 - (a) Sight
 - (b) Hearing
 - (c) Speech
 - (3) Health Status - Risk Factors
 - (a) Kidney Function
 - (b) Blood Pressure Fluctuation
 - (c) Chronic Conditions
 - (4) Mental and Emotional Status
 - (a) Social needs
 - (b) Adjustment

Examples of these needs are:

Residents who are generally capable of self-help and in good general health who require only simple treatments and medications and who can feed, bathe, and ambulate on their own, and who exhibit normal behavior and require minimal health supervision;

Residents who are partially dependent for assistance in activities of daily living or who are chronically ill and require periodic observation, medication, treatment; who may require some restriction of their activities; who manifest slight confusion or occasional deviation from normal behavior and who require periodic health care support; or

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

Residents who are heavily dependent on staff for assistance in activities of daily living; who require considerable restriction of activity; who may be incontinent; who require frequent observation, treatment and medications; who manifest marked emotional needs or are highly confused and/or hyperactive; and who may be non-ambulatory but stable status.

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12 (1)(ii) Policies and procedures - There are written policies and procedures available to staff, residents, and the public which:

(A) Govern all areas of service provided by the facility.

(1) Admission, transfer, and discharge of resident policies shall assure that:

(i) Only those persons are accepted whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts;

(ii) As changes occur in their physical or mental condition, necessitating service or care which cannot be adequately provided by the facility, residents are transferred promptly to hospitals, skilled nursing facilities, or other appropriate facilities;

(iii) Except in the case of an emergency, the resident, his next of kin, attending physician, and the responsible agency, if any, are consulted in advance of the transfer or discharge of any resident, and casework services or other means are utilized to assure that adequate arrangements exist for meeting his needs through other resources.

249.12(a)(1)(i)(A)(1)

A major prerequisite for participating in the program is that a facility must provide all institutional services as needed by its residents either directly or by contracting with outside resources. How these services are provided must be reflected in the written policies and procedures.

1. The policies and procedures are developed by the administrator and the professional staff and/or administrative body responsible for operation of the facility.

2. Policies reflect cooperation with the Independent Professional Review team.

3. Admission policies identify the types of resident accepted by the facility as determined by:

- The adequacy of physical facilities and equipment for meeting needs of the resident;
- Personnel and resources to provide the services; and
- An assessment of medical, health and social data.

4. There are described at least:

- Admission, transfer, and discharge policies including criteria for eligibility;
- Scope of care and services to be provided, and whether directly or through contract;
- Care of residents in medical emergencies, e.g., mentally or emotionally disturbed, difficult to manage, sudden illness;
- Protection provided for residents' personal and property rights and monies; and
- Provisions for residents to receive visitors and to make visits outside the facility.

249.12(a)(1)(i)(A)

1. The surveyor reviews the policy and procedure manual(s) to see that the cover:

- Scope of services provided by the facility;
- Facility's role in Independent Professional Review;
- Admission, transfer and discharge;
- Change of status of resident;
- Emergency care.

2. The surveyor compares facility's policies and procedures with State and Federal regulations to ascertain that the pertinent elements are included.

3. From a random sample of resident records and the surveyor verifies the policies and procedures are being implemented.

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

5. Transfer and discharge policies and procedures developed for residents whose needs are no longer being met by the facility, including sources of information and assistance.
6. Advice which is offered to the parent, guardian or sponsor of recommendations and alternative care resources for residents who are incapable of understanding or participating in discharge or transfer planning, e.g., mentally retarded or other individuals whose mental or emotional status makes participation infeasible.
7. Arrangement which must be made for the use of outside resources, policies with respect to such services which must be formulated and included in agreement (249.12(a)(3) Arrangement for Services).

SURVEY PROCEDURES

INTERPRETIVE GUIDELINES

STANDARD

249.12(a)(1)(ii)(A)(2)

The surveyor verifies that there is a policy governing use of restraints.

249.12(a)(1)(ii)(A)(2)

Covered in Interpretive Guidelines for Institutions for the Mentally Retarded and Persons with Related Conditions; however, the general ICF should also have a policy covering the use of restraints.

249.12(a)(1)(ii)(A)(2)

In the case of institutions for the mentally retarded or persons with related conditions, policies define the uses of physical restraints, the staff members who may authorize their use, and a mechanism for monitoring and controlling their use.

249.12(a)(1)(ii)(B)

The surveyor reads the policies and procedures to see that they cover the protection of resident rights and verifies that they are being followed.

249.12(a)(1)(ii)(B)

The policy statement of the rights of the residents is public information and available on request. The written policies and procedures define:

- a. Methods of protection of residents' personal and property rights; and
- b. Measures to prevent mistreatment, neglect, or exploitation of the residents.

249.12(a)(1)(ii)(B)

Set forth the rights of residents and prohibit their mistreatment or abuse.

STANDARD

249.12(a)(1)(ii)(C)

Provide for the registration and disposition of complaints without threat of discharge or other reprisal against any employee or resident.

INTERPRETIVE GUIDELINES

249.12(a)(1)(ii)(C)

1. The facility has a written procedure for the registering and resolving of complaints by residents, their sponsors, and the public, which assures that residents are protected from threat of discharge or reprisal. The procedure includes:

- a. Designation of an employee responsible for handling complaints;
- b. Method for informing the administrator of complaints so that he may take necessary steps to resolve the problem;
- c. Means to assess the validity of complaints; and
- d. Methods of recording complaints and action taken.

2. Careful consideration is given to each complaint even when made by residents who often make non-valid complaints.

3. All personnel are familiar with the facility's policies and procedures, and methods are established to ensure that they are fully understood by potential residents, and their next of kin or sponsors.

SURVEY PROCEDURES

249.12(a)(1)(ii)(C)

The surveyor ascertains that the grievance procedure includes areas identified in the interpretive guidelines (a) through (d), and verifies that residents and personnel are aware of the procedure, and through review of reports verifies that procedures are being followed.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(1)(iii)

Resident Accounts - A written account, available to residents and their families, is maintained on a current basis for each resident with written receipts for all personal possessions and funds received by or deposited with the facility and for all disbursements made to or on behalf of the resident.

249.12(a)(1)(iii)

The facility's policies and procedures shall include:

1. A written account of all personal possessions and funds received by or deposited with the facility by residents;
2. A method that ensures an accurate accounting of disbursements made to or on behalf of the resident that includes signed receipts and current balances;
3. The identification of the person responsible for the accounting system;
4. Periodic statements to the resident and/or his/her sponsor; and
5. A system for identifying and safeguarding personal effects of the resident.

249.12(a)(1)(iii)

The surveyor reviews the policies and procedures pertaining to resident accounts to determine if they meet acceptable accounting principles and verifies that the policies and procedures are being followed.

STANDARD

249.12(a)(1)(iv)

Disaster Preparedness - The facility has a written and regularly rehearsed plan for staff and residents to follow in case of fire, explosion or other emergency.

INTERPRETIVE GUIDELINES

249.12(a)(1)(iv)

1. The facility has a written plan and regularly rehearsed procedures to be followed in the event of an internal or external disaster, and a plan for the care of casualties arising from such disaster. (249.12(a)(5) Life Safety Code)
2. The plan is developed and maintained with the assistance of qualified fire, safety, and other appropriate experts. Community resources may be utilized.
3. The plan, available to all staff and residents and posted throughout the facility, includes:
 - a. Assignment and training of personnel for specific tasks and responsibilities;
 - b. Procedures for identifying and assuring the prompt relocation of residents to another facility more appropriate for the administration of definitive care;
 - c. Procedures for assuring the prompt transfer of the resident's record for continuity of care;
 - d. Instructions regarding the location and use of alarm systems, signals and fire-fighting equipment;
 - e. Information regarding methods of fire containment;
 - f. List of persons to be notified;
 - g. Specifications of evacuation routes and procedures; and
 - h. Frequency of fire drills. (249.12(a)(5) Life Safety Code)

SURVEY PROCEDURES

249.12(a)(1)(iv)

1. The surveyor checks the plan to see that it covers:
 - a. Procedures to be followed;
 - b. Evacuation routes;
 - c. Assignment of personnel;
 - d. Location and use of equipment;
 - e. Frequency of drills.
2. Through conversations with personnel, verifies that they are aware of the plan and their specific roles.
3. Reviews the orientation program to determine if disaster preparedness is covered in the program.
4. Reviews reports of the drills to determine if they were held on all tours of duty as required by 249.12(a)(5) Life Safety Code.

4. The disaster preparedness program includes orientation, ongoing training, and drills for all personnel to assure familiarity with the overall plan and with his/her specific role in case of a disaster.
5. Orientation of new employees includes a review of the overall disaster preparedness plan, and training in the use of fire fighting equipment, activation of fire alarms, and resident transfer procedures.
6. An overall disaster preparedness plan which is a part of a coordinated community emergency program is recommended in addition to the required facility disaster plan
7. A dated written report and evaluation of each drill is maintained.
8. When appropriate, residents are instructed as to their role in the disaster plan.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(1)(v)

Emergency Care of Residents - There are written procedures for personnel to follow in an emergency, including care of the resident, notification of the attending physician and other persons responsible for the resident, arrangements for transportation, for hospitalization, or other appropriate services.

249.12(a)(1)(v)

1. The facility has written policies and procedures for personnel to follow which ensure that prompt and appropriate medical and other health professional services are provided during emergencies. Such policies and procedures should include:

- a. Written arrangements made for emergency physician services if the attending physician or alternate is not immediately available; and
- b. A listing of the names and current telephone numbers of physicians to be called in emergencies.

2. The name and telephone number of the resident's next of kin or other responsible person, and responsible agency to be contacted in emergency is in the resident's record.

3. A written report is required on any accident or unusual incident, including medication errors, involving a resident. Such an incident report is completed in duplicate (one to the administrator, one as record) and includes the name of the resident, witnesses, if applicable, date, time, and extent of the accident or incident, the circumstances under which it occurred, and the action taken. Reports may also be used for in-service education and training purposes to prevent repeated episodes.

249.12(a)(1)(v)

1. The surveyor reviews the procedure for emergency care of residents to see that it includes:

- a. Notification of attending physician and other appropriate facility staff;
- b. List of the names and current telephone numbers of the physicians to be called in an emergency if attending physician is unavailable;
- c. Arrangements for transfer of the resident if necessary.

2. Through discussions with staff, determine if they are familiar with the procedure.

3. In the review of resident records, verify that the procedures are being followed.

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

-- a. i)(vi)

249.12(a)(1)(vi)

Inservce Education Program - There is an orientation program for all new employees that includes review of all facility policies. An inservice education program is planned and conducted for the development and improvement of skills of all the facility's personnel. Records are maintained to indicate the content of, and participation in, all such orientation and staff development programs.

1. The facility has a written schedule for an ongoing inservice education program for all staff members beginning with orientation and continuing throughout their employment. The program provides:

- a. Each employee with an appropriate orientation to the facility and its policies, and his/her duties and responsibilities;
- b. Inservice training that includes at least: prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, preservation of residents' dignity, including protection of their privacy and personal and property rights, and problems and needs of residents specifically related to their conditions, and also attitude and sensitivity training, behavioral management; and
- c. A record of each session which describes the content and shows attendance at each session.

2. The effectiveness of the program is evaluated not only by the content of the program but also by the on-the-job performance of the staff.

249.12(a)(1)(vi)

1. The schedule, content and attendance records of the orientation and staff development programs are reviewed to determine if they are designed to include all personnel on all tours of duty and that the total program is appropriate in terms of:

- a. Content (reflects needs of personnel and characteristics of resident population);
- b. Methods of instruction and on-the-job supervision;
- c. Scheduling of personnel to attend class.

2. The attendance record is checked and personnel questioned to verify that the program is being implemented and all new personnel have had or are in the process of receiving an orientation.

STANDARD

I. Administrator - 45CFR249.12(b)(1)

249.12(b)(1)

The facility is administered by a person licensed in the State as a nursing home administrator or, in the case of a hospital qualifying as an intermediate care facility, by the hospital administrator, with the necessary authority and responsibility for management of the facility and implementation of administrative policies.

INTERPRETIVE GUIDELINES

249.12(b)(1)

1. The administrator's license (if applicable) is current.
2. The administrator's responsibilities include:
 - a. Managing the ongoing functions of the facility through the employment of an adequate number of appropriately trained personnel and through the appropriate delegation of duties;
 - b. Ensuring that public information describing the services provided in the facility is accurate and fully descriptive; and
 - c. Implementing established policies and procedures.

II. Resident Services Director -45CFR249.10(b)(2)

249.12(b)(2)

The administrator or an individual on the professional staff of the facility is designated as resident services director and is assigned responsibility for the coordination and monitoring of the residents' overall plans of care.

249.12(b)(2)

The resident services director:

1. Is suited by training and/or experience to coordinate and monitor resident services and activities directed to promoting the achievement of maximum levels of mental and physical health;
2. Is responsible for the resident's overall plan of care (249.12(a)(4)(i)(c); (9)(iv)) and ensures coordination of all services through staff conferences;

SURVEY PROCEDURES

249.12(b)(1)

1. The surveyor evaluates compliance with this standard not only in terms of this particular standard but also in terms of overall efficiency of total operation.
2. The administrator is interviewed to determine his knowledge of the services provided by the facility, the personnel, budgetary and fiscal practices, and contracts with other agencies or individuals.
3. The job description of the administrator is reviewed to ascertain that he has been delegated the responsibilities of the day-to-day operation of facility.

249.12(b)(2)

The resident services director is responsible for the coordination of all services, therefore the surveyor:

1. Reviews the job description of the resident services director. If the function is assigned to another person, e.g., health services supervisor or administrator, the appropriate job description is checked to verify that it covers duties relating to both functions.

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

3. Assures that:
 - a. The resident overall plan of care is based upon admission information, including the physician's specific medication and treatment orders and related therapeutic regimen, together with observations of the staff as well as information elicited from the resident. However, the doctor's orders are the foundation upon which the various services build their plans into the component of an overall plan of care. By regulation the plan includes four service areas: health care, rehabilitation, social services and resident activities;
 - b. Each component of the overall plan of care is individualized, specified in terms of short and long range goals, is understandable and implemented;
 - c. The plan is revised and updated as needed based on resident's changing profile of needs;
 - d. Resident needs are met through utilization of appropriate staff, and community resources;
 - e. The resident is involved, whenever possible, in the preparation of his/her plans of care;
 - f. The plan has no conflict or overlapping of services; and
 - g. The schedule for administration of services adheres to the policies and procedures relative to the particular service;
2. Evaluates the ability of the designated resident services director to carry out the responsibilities in terms of the number and characteristics of the residents by:
 - a. Determining the resident services director's awareness of resident needs;
 - b. Asking the resident services director to explain the method for coordinating all services;
 - c. Reviewing the resident care plans to determine if they contain measurable goals, methods of approach, and by verifying through review of resident records that plans are being implemented;
 - d. Establishing the existence of an ongoing liaison with the administrator and all others involved in resident care; and
3. Verifies through talking to some of the residents that they are offered an opportunity to participate in the development of the plan of care.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

4. Establishes effective rapport with residents and acts as liaison between residents and responsible persons or agencies; and
5. Cooperates with the administrator in providing in-service educational training in the field of long-term care and health services administration.

Arrangements for Services - 45CFR249.12(d)(3)

249.12(a)(3)

facility maintains effective arrangements:

Institutional Services - For required institutional services through a written agreement with an outside resource in those instances where the facility does not employ a qualified professional person to render a required service. The responsibilities, function, and objectives and the terms of agreement with each resource are delineated in writing and signed by the administrator or authorized representative and the resource;

249.12(a)(3)(i)

1. The facility has a written agreement with an outside resource which provides the direct services to residents. The minimum terms of agreement specify the responsibilities of both the facility and the outside resource, the qualifications of resource staff, a description of the type of service to be provided, the method of payment, and the duration of the agreement.

2. Required institutional services are those professional services that the facility has direct responsibility for providing, e.g., physical therapy, occupational therapy, speech therapy, and audiology.

III. Arrangements for Services 249.12(a)(3)

249.12(a)(3)(i)

1. The surveyor reviews the written agreements to assure they are current, carry the required signatures, and contain:
 - a. Description of services to be provided;
 - b. Responsibilities of each resource agent in terms of scope, limitations of and changes in services, supervision records and recording;
 - c. Method and amount of reimbursement;
 - d. Length of time the agreements are in effect; and
 - e. Qualifications and health status of staff providing the services.
2. A random sample of resident records is reviewed to verify that the services stipulated in the agreements are being provided.

249.12(a)(3)(ii)

The policy manual lists the source of the laboratory, radiology and other medical and remedial services available to the resident. There is a written agreement that specifies the responsibilities of the facility and outside provider.

249.12(a)(3)(ii)

The surveyor first reviews the facility's policy to determine whether it provides for these services or whether they are contracted out. When these services will be provided outside the facility, the surveyor examines:

1. The facility's agreement to determine that the outside resource, when required to do so, participates in the appropriate Federal program, e.g., Certified Independent Laboratory; and

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

2. Several resident records to ascertain that the requests were initiated by the attending physician, that the examination results were made available promptly, and that all reports are dated and signed by the appropriate person, e.g., the radiologist.

I:INTERPRETIVE GUIDELINES

STANDARD

III. Rehabilitative Services-45CFR249.12(b)(3)

249.12(b)(3)

The facility provides, according to the needs of each resident, specialized and supportive rehabilitative services either directly or through arrangements with qualified outside resources, which are designed to preserve and improve abilities for independent function, prevent insofar as possible progressive disabilities, and restore maximum function, and which are:

249.12(b)(3)

Arrangements for services is covered in 249.12(a)(3).

249.12(b)(3)

The facility's administrative and resident care policies and/or contracts with outside resources are reviewed to ascertain that the following areas are included:

1. Personnel qualifications; and
2. Provisions for coordinating these services with other services in overall resident care planning.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(b)(3)(i)

Plan of Care - Provided under a written plan of care, developed in consultation with the attending physician and, if necessary, an appropriate therapist. The plan is based on the attending physician's orders and an assessment of the resident's needs. The resident's progress is reviewed regularly, and the plan is altered or revised as necessary;

249.12(b)(3)(i)

1. The services of the rehabilitative program shall be initiated only upon the written request of the physician responsible for the resident's care. The plan shall include the diagnosis of problems for which treatment is planned. The objectives of treatment are stated.
2. The rehabilitation plan uses the physician's orders as a starting point and builds from that. However, observations from staff may prompt the physician to write orders for such services.

249.12(b)(3)(i)

1. The plan of care is reviewed to:
 - a. Evaluate the extent of participation of the therapists and others of the team in planning rehabilitative care;
 - b. Ascertain that there are written orders for therapy and that the plan includes modality, duration and frequency of treatment; and
 - c. Verify that the therapy plan is incorporated in the resident's overall plan of care 249.12(b)(2) and 249.12(a)(4)(i)(C).

3. The written plan covers treatment, objectives, rehabilitation potential, precautions, type amount, frequency, and duration of the treatment, modalities to be applied, and is reviewed and revised as necessary, but at least quarterly.
4. The plan is incorporated into the resident's overall plan of care.

2. The surveyor reviews the resident record to verify that the plan is being implemented through the following documentation:

- a. The record contains clinical data of assessment of the resident's functional ability, and a record of the resident's response to therapy;
- b. It shows that the plan has been re-evaluated and updated as required.

249.12(b)(3)(ii)

Provision of Services - Provided in accordance with accepted professional practices by qualified therapists or by qualified assistants as defined in 20CFR405.1101(m), (n), (q), (r), and (t) or other supportive personnel under appropriate supervision.

249.12(b)(3)(ii)

1. Each service, e.g., audiology, physical therapy occupational therapy, is staffed by adequate supportive personnel under the direction of a qualified professional.

249.12(b)(3)(ii)

The surveyor verifies that the services are being provided by qualified therapists or qualified assistants.

Social Services - 45CFR249.12(b)(4)

facility provides or arranges for social services as needed by the resident, designed to promote preservation of the resident's physical and mental health.

249.12(b)(4)(i)

Designated Staff Member: A designated staff member suited by training or experience is responsible for arranging for social services for the integration of social services and other elements of the plan of care.

249.12(b)(4)

249.12(b)(4)(i)

A staff member is designated, who by training and experience:

1. Is capable of assessing the social and economic aspects of resident care. Preferably this person has a background in the social or behavioral sciences;
2. Is capable of assisting the resident to participate in individual and group programs and to utilize such to their best advantage;
3. Has the competence to identify changes in affect, behavior or personality such as depression, anxiety, withdrawal, or uncontrolled aggressions which should be reported immediately to the physician;
4. Has a working knowledge of the skills necessary to provide continuity in and coordination of resident care, i.e., possesses skills to interview residents, communicate with community resources, etc.;
5. Is knowledgeable about community agencies and capable of making referrals for other family problems indirectly related to the resident's welfare;

249.12(b)(4)(i)

1. The designated staff member's job description is reviewed to ascertain that it covers the functions of the social services.
2. The surveyor verifies that the designated person is qualified by experience or training by:
 - a. Reviewing a random sample of resident records to determine whether the designated person has completed the required assessment of the social needs of the resident;
 - b. Questioning the designated person as to his/her knowledge of the residents' plans of care and resources in the community; and
 - c. Evaluating the social services provided and the effectiveness of the service in meeting the needs of the individual resident.

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

6. Is capable of developing, implementing and providing follow-up on the social services aspects of the plan of care, i.e., with specific capabilities to take social history, and identify ways of modifying relevant treatment for positive response;

7. Is capable of participating with the staff team in the formulation, implementation and evaluation of the resident's overall plan of care by contributing information relevant to the role of social and personal factors (providing information about the past and present family history, previous personality patterns etc.); and

8. Is able to provide help to the family during the resident's initial separation period by maintaining family contact about resident problems and is able to promote maintenance of resident's family relationship.

249.12(b)(4)(ii)

Plan of Care - A plan for such care is recorded in the resident's record and is periodically evaluated in conjunction with the resident's total plan of care.

249.12(b)(4)(ii)

A plan for such care is incorporated in the overall resident care plan and the assessment of resident needs, goals, and implementation of the plan are recorded in the resident's record.

1. The designated staff member is responsible for incorporating the social service plan of care into the resident's plan of care.
2. The social service plan need not be based on physician orders, however, it should complement other plans formulated.

249.12(b)(4)(ii)

1. The surveyor reviews the resident records for evidence of the assessment of the social needs of the resident, establishment of goals, the provision of the service and the response of the resident.

2. The residents' overall plans of care are checked to verify that the social needs and methods of approach are included in the plan.

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

3. A method of maintaining resident records is provided which facilitates consistency in recording pertinent notes and observations.
4. Specific goals are identified in the plan and are to be monitored for appropriate levels of progress in resident care.
5. Significant social services findings and actions taken are entered promptly in the resident's record.

SURVEY PROCEDURES

INTERPRETIVE GUIDELINES

STANDARD

V. Activities Program - 45CFR249.12(b)(5)

249.12(b)(5)

The facility provides an activities program designed to encourage restoration to self-care and maintenance of normal activity which assures that:

249.12(b)(5)(i)

Designated Staff Member - A staff member qualified by experience or training in directing group activity is responsible for the direction and supervision of the activities program:

249.12(b)(5)(i)

The designated staff member qualified by training and experience must have:

1. Ability to work with all residents;
2. Ability to plan and coordinate resources required to meet residents' interests and needs;
3. Ability to establish and maintain effective working relationships with physicians, administrators, activities personnel, and others in the facility;
4. Ability to evaluate the effectiveness of the activities programming for residents (individual interests, needs and participation); and
5. Knowledge of methods of teaching and the techniques to personnel, volunteers, and community groups.

249.12(b)(5)(i)

1. The designated staff member's job description is checked to ascertain that it includes duties and responsibilities for developing and implementing the activities program for each resident.
2. The surveyor documents the time allocated for the staff member to fulfill the responsibilities, and compares the time allocated to the residents' activity plan, and the designated staff's job descriptions to assess whether the time allocated is adequate.
3. The surveyor verifies that the designated person is qualified by experience or training:
 - a. Evaluating the effectiveness of the activities program;
 - b. Reviewing a sample of resident records to verify that the interests of the resident are identified and that there are goals for the resident's participation in the activities program; and
 - c. Questioning the designated person to determine the degree to which the residents are involved in planning their own activities program, how knowledgeable the designated person is with each resident's needs, and his/her awareness of community resources.

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INTERPRETIVE GUIDELINES

9.12(b)(5)(ii)

Activities Plan - A plan for independent group activities is developed for each resident in accordance with his needs and interests.

9.12(b)(5)(iii)

an Review - The plan is incorporated in overall plan of care and is reviewed with the resident's participation at least quarterly and altered as needed.

249.12(b)(5)(ii)-(iii)

1. Each resident's interests are identified and the plan modified to reflect the resident's changing interests.
2. The activities plan for each resident must take into consideration his/her interests and skills, the physician's recommendations, and other pertinent factors, such as social and rehabilitation goals and personal care requirements.

3. Residents are not required to participate in activities if they do not so desire.

4. Periodic summaries and responses of the resident's participation in independent and group activities are entered into his record.

5. Activities developed for each resident are incorporated in the overall resident plan of care and reviewed quarterly and revised, if necessary.

6. The activities director maintains a current list of residents on which precautions are noted regarding a resident's condition that might restrict or modify his/her participation in any activities.

7. The resident activities program is designed to:

- a. Stimulate physical and mental abilities to the fullest extent;

249.12(b)(5)(ii)-(iii)

1. The surveyor verifies that:

- a. There is an individualized plan for each resident which identifies his interests and needs, follows the physician's recommendations, and includes the methods for implementing the plan;
- b. The plan is incorporated in the resident's overall plan of care 249.12(b)(2) and 249.12(a)(4)(i)(C); and

- c. The resident's record includes documentation that the plan is being carried out.

2. The surveyor verifies by talking with some of the residents that they are not required to participate in activities if they do not desire, e.g., religious services, bingo, etc.

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INTERPRETIVE GUIDELINES

- b. Encourage and develop a sense of usefulness and self respect;
- c. Include activities which inhibit, prevent, or overcome the development of symptoms of physical and mental regression due to illness or old age;
- d. Include, whenever possible, the resident and his family in planning of and participation in activities;
- e. Be of sufficient variety that they meet the needs of various interests of residents in the facility;
- f. Include religious activities for each resident if it is the desire of the resident to participate. Requests from a resident to be seen by a clergyman are acted upon as soon as possible, and an area for consultation is made available to the resident who desires a private visit from the clergyman;
- g. Allow the resident to leave the facility to visit, shop, attend church, or other social activities provided this does not endanger his health; and
- h. Involve the resident in group and individual projects and programs.

SURVEY PROCEDURES

3. The resident's record documents the activities in which he has participated, resident's needs, and changes in patterns of response.
4. There is documentation in the plan and resident record that the plan has been reviewed within the last quarter.
5. The surveyor verifies by questioning the designated person and reviewing plans of care and resident records that restrictions on resident participation in specific activities are noted and activities leaders (volunteers) are aware of these restrictions.

STANDARD

249.12(b)(5)(iv)

creation Areas, Equipment and Material
adequate recreation areas are provided with
efficient equipment and materials available
support independent and group activities;

INTERPRETIVE GUIDELINES

249.12(b)(5)(iv)

1. The facility provides adequate space, supplies, and equipment for the activities identified in each resident's activities plan.
2. When multipurpose space is used, scheduling is made so that one activity does not interfere with another, e.g., a book review is not scheduled concurrently with a bingo game.

SURVEY PROCEDURES

249.12(b)(5)(iv)

1. The surveyor documents which areas are used for activities, meal service, etc., by observation and by questioning staff members and residents.
2. When an area is used for more than one activity, review schedule to verify that one activity does not interfere with the other.
3. The surveyor verifies that space, equipment and supplies are adequate by comparing a sample of plans which have resident needs and interests identified with space, etc. allotted for this activity.
4. The surveyor verifies that there is an area available to the resident who desires a private conversation.

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SURVEY PROCEDURES

VI. Physician Services - 45CFR249.12(b)(6)

249.12(b)(6)

The facility maintains policies and procedures to assure that each resident's health care is under the continuing supervision of a physician who sees the resident as needed and in no case less often than every 60 days, unless justified otherwise and documented by the attending physician.

249.12(b)(6)

The quarterly reviews of medication required under 249.12(a)(8)(v) may be fulfilled at the time of the 60 day visits.

Policies and procedures are developed to assure that:

1. The resident is admitted only upon the recommendation of a physician;
2. The attending physician's orders at the time of admission form the basis for developing the resident's overall plan of care;
3. Alternate schedules of visits are documented showing a medical justification by the attending physician; and
1. The justification shows clearly the intended interval between visits.

249.12(b)(6)

1. A random sample of current resident records is reviewed to verify that:
 - a. The resident is under the care of a physician;
 - b. The physician visits the resident every 60 days or has justified an alternate schedule and has written a progress note; and
 - c. The physician has documented the quarterly review of medications as required in 249.12(a)(8)(

Health Services - 45CFR249.12(a)(9)

Provides health services which assure that each resident receives treatments, medication, diets, and other health services as prescribed and planned, all hours of each day, in accordance with the following:

249.12(a)(9)(i)

Health Services Supervisor - Immediate supervision of the facility's health services on all days of each week is by a registered nurse or licensed practical (or vocational) nurse employed full-time on the day shift in the intermediate care facility and who is currently licensed to practice in the State. Provided, That:

(A) In the case of facilities where a licensed practical (or vocational) nurse serves as the supervisor of health services, consultation is provided by a registered nurse, through formal contract, at regular intervals, but not less than 4 hours weekly;

(B) By January 1975, licensed practical (or vocational) nurses serving as health services supervisors have training that includes either graduation from a State approved school of practical nursing or education and authority responsible for licensing of practical nurses to provide a background that is equivalent to graduation from a State approved school of practical nursing, or have successfully completed the Public Health Service examination for waived licensed practical (vocational) nurses; and

249.12(a)(9)(i)

1. The health services supervisor is employed full time, i.e., one person works a regular work week of 40 hours, 5 days. The other two days may be covered on a part-time basis.

2. If the health services supervisor is a licensed practical (vocational) nurse and a registered nurse is employed part time, the requirement for RN consultation will be met only if the health services supervisor is also on duty for the 4 hour period and the consultation functions are included in the job description for the registered nurse.

3. The facility has evidence of a valid and current license of the health service supervisor. The responsibilities of the health services supervisor are in writing and include:

- a. Participating with the administrator and key staff in the formulation of written policies and procedures that directly or indirectly influence resident services including personnel and resident care policies;
- b. Assuring that the health needs of the residents are met by assigning a sufficient number of supportive personnel for each tour of duty;

249.12(a)(9)(i)

The health services supervisor must have time for planning, supervision, and teaching to ensure quality service therefore the surveyor:

1. Checks the background, experience, and licensure of the health services supervisor for compliance with requirement;
2. Reviews the job description of the health services supervisor to ascertain that her scope of responsibilities are clearly delineated and to see what additional duties are assigned, if any i.e. resident service director; and
3. Evaluate the capability of the health services supervisor to fulfill her responsibilities in terms of the number and characteristics of the resident, number and classification of personnel under supervision by:
 - a. Determining the health services supervisor's awareness of the status of the residents; and
 - b. Verifying service provided by reviewing resident record and plan of care; and

- (C) Other categories of licensed personnel with special training in the care of residents may serve as charge nurse: Provided, That such person is licensed by the State in such category following completion of a course of training which includes at least the number of classroom and practice hours in all of the nursing subjects included in the program of a State approved school of practical (or vocational) nursing as evidenced by a report to the single State agency by the agency or agencies of the State responsible for the licensure of such personnel comparing the courses in the respective curricula; and
- c. Ensuring that all health services notes are informative and descriptive of the supervision and care rendered including the resident's response;
 - d. Reviewing the health requirements of each resident admitted to the facility and assisting the attending physician in planning for the resident's care;
 - e. Visiting each resident daily to evaluate the resident's immediate physical condition and to receive his/her comments relating to needs and problems; reviews health records, medication cards, health care plans and staff assignments;
 - f. Arranging her schedule to allow time for supervision and evaluation of the performance of the health care staff;
 - g. Informing the administrator of the residents' status and other related matters through written reports and/or verbal communication;
 - h. Assigning duties and responsibilities to all health personnel in accordance with their competence and preparation;
 - i. Developing with other personnel written, clearly defined health service objectives that are specific, and practical, yet flexible enough to meet the need of the residents;
 - j. Formulating mechanism for regular evaluation of health services provided;
 - k. Teaching, providing, and coordinating rehabilitative health care, including activities of daily living, to promote and maintain optimal physical and mental functioning; and
 - l. Supervising serving of diets assuring that individuals unable to feed themselves are promptly fed and that special eating utensils are available as needed; noting and recording special problems related to eating and fluid intake.
4. If the health services supervisor is not a registered nurse, the adequacy of the consultation is determined in terms of the overall operation of the service and the surveyor checks:
 - a. Terms of the agreement if registered nurse is not an employee; or
 - b. Job description if registered nurse is an employee to verify that the consultation function is included.

4. The responsibilities of the registered nurse consultant are clearly defined in a written agreement and include:
 - a. Consultation to the health services supervisor in the overall management of the health services with particular attention to the identification of health needs of each resident and plan to meet these needs.
 - b. Review of medications at least monthly if the facility does not employ a registered nurse part time. (249.12(a)(3)(v)).

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INTERPRETIVE GUIDELINES

249.12(a)(9)(ii)

Responsible Staff Members - Responsible staff members are on duty and awake at all times to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.

249.12(a)(9)(ii)

1. Twenty-four-hour health service requires that the number and level of personnel are sufficient to meet the total needs of the residents in terms of:
 - a. Maintaining physiological functions and nutritional status;
 - b. Assisting residents to learn to live with their condition and care for themselves;
 - c. Giving assistance in maintaining optimal physical and psychological functioning;
 - d. Encouraging activities as permitted;
 - e. Protection from accident and injury through appropriate safety measures; and
 - f. Assuring that the routine, special and emergency needs of all residents are met, including the need for safety in event of fire or other disaster (a minimum of 2 persons on duty at all times for fire safety).
2. Responsible staff members are employees of the facility who have had both training and experience in handling emergencies in the absence of licensed and professional staff members.

SURVEY PROCEDURES

249.12(a)(9)(ii)

In order to determine the adequacy of the health services staff, the surveyor:

1. Visits resident areas, observing status of residents, interactions of personnel and residents, response to resident calls, etc;
2. Compares health care plan with personnel assignment sheets, read resident record to ascertain that resident is receiving prescribed medications and that pertinent observations and resident responses are being recorded;
3. Checks time sheets to verify consistency of staffing pattern; and
4. Ascertains what non-health services functions the personnel are performing, i.e., question staff, read job descriptions, check assignment sheets.

249.12(a)(9)(iv)

Health Care Plan - A written health care plan is developed and implemented by appropriate staff for each resident in accordance with instructions of the attending or staff physician. The plan is reviewed and revised as needed, but not less often than quarterly;

249.12(a)(9)(iv)

1. The written health care plan, based on the assessment and reassessment of the resident health needs, is personalized for the individual resident and indicates care to be given, long-term goals to be accomplished, methods, approaches and modifications necessary to achieve best results.
2. The health service supervisor is responsible for preparing, reviewing, supervising the implementation, and revising the written health care plan.
3. The health care plan is incorporated in the overall plan of care and is readily available for use by all personnel caring for the resident.

249.12(a)(9)(iv)

1. As the health care plan is based on the assessment of resident needs, the surveyor compares the plan with the resident record to verify the following:
 - a. There is a written assessment of the health care needs of the resident on admission, and the assessment is updated regularly to show progress or change in resident status. These assessments and changes are reflected in the plan of care.
 - b. The health care plan includes goals of care, identifies needs (problems), methods of meeting these needs, and is incorporated in the overall resident care plan 249.12(b)(2) and 249.12(a)(4)(i)(C).
 - c. The record indicates that the plan is being followed.
2. There are written policies and procedures concerning the development and implementation of the health care plan including frequency and method for review and revision.

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SURVEY PROCEDURES

9.12(a)(9)(v)

Nursing Service - Nursing services are provided in accordance with the needs of the residents and, in the case of a facility other than an institution for the mentally retarded or persons with related conditions, restorative nursing care is provided to each resident to achieve and maintain the highest possible degree of function, self-care and independence.

249.12(a)(9)(v)

1. The long range goal of restorative nursing is to return the residents to their previous accustomed role in the family and the community after an illness or injury, or if return to the previous activities is not possible, the resident is assisted to reach and maintain his maximum potential.
2. Health services personnel routinely perform restorative measures in their daily care of residents. These include:
 - a. Maintaining good body alignment and proper positioning;
 - b. Making every effort to keep the resident active except when contraindicated by physician's orders, and encouraging residents to achieve independence in activities of daily living by teaching self care, transfer and ambulation activities;
 - c. Assisting residents to adjust to their disabilities, to use their prosthetic devices and to redirect their interests if necessary;
 - d. Assisting residents to carry out prescribed therapy exercises between visits of the therapists; and
 - e. Assisting residents with routine range of motion exercises.

249.12(a)(9)(v)

- To ensure that residents in need of restorative nursing are receiving proper care, the surveyor:
1. Reviews the resident's health care plan for evidence of restorative nursing measures;
 2. Observes residents in wheelchairs, walkers, etc., for body alignment, positioning, impaired circulation and edema;
 3. Checks the response of the resident to restorative nursing by reviewing notes in the resident record; and
 4. Verifies that the orientation and ongoing staff development program includes instruction in the skills and techniques of restorative nursing.

INTERPRETIVE GUIDELINES

STANDARD

Dietetic Services - 45CFR249.12(a)(7)

249.12(a)(7)

The facility arranges menus and meal service so that:

249.12(a)(7)(i)

Meals - At least three meals or their equivalent are served daily, at regular times with not more than 14 hours between a substantial evening meal and breakfast;

249.12(a)(7)(i)

The elderly and chronically ill have variable appetites at mealtime. It is important that:

1. A substantial evening meal offers three or more menu items at one time, one of which is or contains a high quality protein food such as meat, fish, egg or cheese. The meal represents no less than 20% of the day's total calories, with at least 10% of distributed calories coming from protein.

2. Bedtime snacks of nourishing quality are offered to all residents not on diets prohibiting bedtime snacks; and

3. Snacks contain substantive protein and/or nutrients in addition to carbohydrates and calories, e.g., milk or milk drinks, and fruit juice, with cookies or graham crackers.

249.12(a)(7)(i)

Through review of the schedule of meals and menus, the surveyor ascertains that:

1. Meals are served at regular hours and the time between the evening meal and breakfast does not exceed 14 hours; and
2. Nourishing snacks are provided at bedtime and other times for residents on unrestricted diets.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(7)(ii)

Dietary Supervision - A designated staff member suited by training or experience in food management or nutrition is responsible for planning and supervision of menus and meal service;

249.12(a)(7)(ii)

There is a designated staff member, who, by training or experience, is competent to:

1. Assist in developing policies and procedures for the service which assures that: menus are planned for nutritional adequacy; medically prescribed special diets are implemented as ordered; and sanitary conditions are maintained in the procurement, storage, preparation, distribution, and serving of foods;
2. Prepare work schedules and assignments commensurate with the needs of the facility and residents;
3. Supervise food handling techniques of dietetic service personnel;
4. Establish standards for quality utilizing the principles underlying planning, preparation (including the use and care of dietary equipment) and food yield;
5. Plan menus that assure nutritional adequacy and variety;
6. Put into practice the principles underlying good sanitary practices, personal hygiene, safety and prevention of potential hazards relative to food preparation, storage and serving; and
7. Recommend or order food and other supplies utilized by the service.

249.12(a)(7)(ii)

To determine whether the designated staff member is suited by training and experience the surveyor:

1. Reviews the qualifications in terms of previous training and experience;
2. Observes the meal service and food handling techniques of staff; and
3. Evaluates the overall functioning of the service.

STANDARD

249.12(a)(7)(iii)

Therapeutic Diets - If the facility accepts or retains individuals in need of medically prescribed special diets, the menus for such diets are planned by a professionally qualified dietitian, or are reviewed and approved by the attending physician, and the facility provides supervision of the preparation and serving of the meals and their acceptance by the resident;

INTERPRETIVE GUIDELINES

249.12(a)(7)(iii)

1. A system is established for prompt written transmittal of diet orders to the food service unit.
2. An identification system is established to assure that each resident receives the diet as ordered.
3. A qualified dietitian or the resident's physician approves and reviews special diet menus. If the physician is not willing to review special diet menus, a dietitian must perform this task. The special diet menus are planned in writing, reviewed, approved, and served under supervision of the designated staff member or the health services supervisor.
4. Significant resident response to a special diet is recorded in the resident's health record. If the response is poor, the dietitian determines cause and advises modification of menus or other measures, such as special authorized nourishments, appropriate substitutes and self-help eating devices.
5. Orders for special diets are regularly reviewed.

SURVEY PROCEDURES

249.12(a)(7)(iii)

The surveyor reviews the processing of a therapeutic diet from the time the prescription is written through diet preparation and serving to assure it includes:

1. Method for transmission of the order from health service to dietary service;
2. Planning of the diet by dietitian or approval by attending physician;
3. Resident identification system;
4. Regular review of diet; and
5. Instruction of resident and family before discharge.

STANDARD

249.12(a)(7)(iv)

Menu Planning and Nutritional Adequacy - Menus are planned and followed to meet nutritional needs of residents, in accordance with physicians' orders and to the extent medically possible, in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;

INTERPRETIVE GUIDELINES

249.12(a)(7)(iv)

1. Menus are planned and followed to meet nutritional needs in accordance with the National Research Council's recommended dietary allowances. The following daily food guide for adults is based on these allowances:

Milk - two or more cups;

Meat group - two or more servings: Beef, veal, pork, lamb, poultry, fish, eggs. Occasionally, dry beans, nuts, or dry peas may be served as alternates;

Vegetable and fruit group - four or more servings; a citrus fruit or other fruit and vegetable important for vitamin C.;

A dark green or deep yellow vegetable for vitamin A at least every other day;

Other vegetables and fruits including potatoes;

Bread and cereal group - four or more servings of whole grain enriched or restored; and

Other food to round out meals and snacks, and to satisfy individual appetites and provide additional calories.

2. Menus for regular and routine therapeutic diets are planned at least two weeks in advance.

3. The current week's menu is posted.

SURVEY PROCEDURES

249.12(a)(7)(iv)

1. The current menu and previous menus are carefully checked to determine if they meet the recommended dietary allowance, provide for variety, and if food substitutions were of equivalent value.

2. The surveyor checks to see if substitutions are recorded on the menu and that menus are planned in advance.

STANDARD

INTERPRETIVE GUIDELINES

4. If cycle menus are used, the cycle must cover a minimum of 3 weeks, and must be different each day of the week.

5. Menus are adjusted for seasonal changes.

6. Food substitutions are of equivalent value.

249.12(a)(7)(v)

Dated records of menus, including substitutions, are retained for 30 days.

249.12(a)(7)(v)
The surveyor verifies that menus are retained for at least 30 days.

249.12(a)(7)(v)

Menus Served - Records of menus actually served are retained for 30 days.

249.12(a)(7)(vi)

Sanitary Conditions - All food is procured, stored, prepared, distributed, and served under sanitary conditions; and

249.12(a)(7)(vi)

1. Food is stored, prepared and transported at appropriate temperatures and by methods to prevent contamination. Potentially hazardous food, i.e., any perishable food which consists of milk or milk products, meats, poultry, fish, shellfish or other ingredients capable of supporting rapid growth of harmful micro-organisms, are maintained at safe temperatures: 45° F or below, or 140° F or above from time of preparation until served to resident.

1. The surveyor tours the kitchen facilities, storage areas, etc. and determines if food is stored, prepared and transported at appropriate temperatures and in a sanitary manner.

2. Handwashing facilities, including hot and cold water, soap and individual towels, preferably paper towels, are provided in kitchen areas.

2. Reports of health authority inspections are reviewed and if deficiencies were cited, the steps to correct them should be noted.

3. Procedures and maintenance schedules for dishwashing and cleaning equipment and work areas are posted and followed consistently.

3. Through conversation with residents and observation of meal service, the following are noted:

4. Waste which is not disposed by mechanical means is kept in leak proof, non-absorbent containers with close-fitting covers, and is disposed of daily. Nondisposable containers are cleaned frequently enough to maintain sanitary conditions (suggested cleaning is on a daily basis). Outside storage of filled disposable bags is not acceptable. Liquid wastes resulting from compacting must be disposed of as sewage.

- a. Food is cut, chopped, or ground to meet individual needs, and is attractively served;

- b. Table service is provided and trays are served promptly to residents, including wheel chair residents; and

- c. Residents are ready for meal when served.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

5. Written reports of inspections by State or local health authorities are on file with notations made of action taken by the facility to comply with any recommendations.

249.12(a)(7)(vii)

Self-Help Devices - Individuals needing special equipment, implements, or utensils to assist them when eating have such items provided.

249.12(a)(7)(vii)

Adaptive self-help devices are provided to contribute to the resident's independent status.

249.12(a)(7)(vii)

The surveyor verifies that self-help devices are available and are used as needed by the residents.

STANDARD

Drugs and Biologicals - 45CFR249.12(a)(8)

249.12(a)(8)

implements methods and procedures relating to drugs and biologicals which assure that:

249.12(a)(8)

1. The facility needs to maintain good policies and procedures governing this service as adequate drug control is essential in intermediate care facilities.

249.12(a)(8)(i)

pharmacist - If the facility does not employ a licensed pharmacist, it has formal arrangements with licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration and disposal and recordkeeping of drugs and biologicals;

249.12(a)(8)(i)

Methods and procedures are implemented assuring that:

1. The frequency of the consultations (if the facility does not employ a pharmacist) must be sufficient to meet the needs of the facility;
2. Only the pharmacist, or authorized pharmacy personnel under the direct supervision of the pharmacist, compounds or dispenses drugs and biologicals, prepares labels, or makes labeling changes. (When the pharmacist is not available, drugs are removed from the pharmacy (drug storage area) only by a designated licensed nurse or a physician and only in a single dose for immediate therapeutic needs and records are maintained of such withdrawals;)
3. Drugs and biologicals are stored in the container in which they are received (transfer between containers is performed only by the pharmacist);
4. Drug containers with illegible, incomplete, makeshift, damaged, worn, soiled, or missing labels are returned to the dispensing pharmacist for proper labeling;

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(8)

Emphasis is placed on the provision of the service, and not on its method of delivery. Whether the facility utilizes the unit dose, individual prescription, or a combination of these systems, or whether the facility maintains its own pharmacy or provides the service through arrangement with a community of institutional pharmacy, the emphasis is placed on the resident receiving the service in a safe and efficacious manner. Therefore, the total process is assessed.

249.12(a)(8)(i)

1. The surveyor reviews the job description or the written agreement to see that the responsibilities of the pharmacist are clearly delineated.
2. The surveyor determines that:
 - a. Policies and procedures are being followed;
 - b. Drugs and biologicals are properly stored
 3. If the pharmacist (405.1101(p)) is not a full time employee, the facility has a consultant pharmacist. The surveyor should verify that the consultant pharmacist visits regularly and devotes sufficient time to meet the needs of the facility in terms of the overall system.

INTERPRETIVE GUIDELINES

5. No discontinued, outdated, or deteriorated drugs or biologicals are available for use in the facility (such drugs and biologicals are disposed of in compliance with Federal, State and local laws);
6. Drugs for external use, as well as poisons, are kept separate from other medications;
7. Antiseptics, disinfectants, and germicides used in resident care have legible, distinctive labels that identify the content and include instructions for use;
8. Compartments containing drugs and biologicals are locked when not in use, and trays or carts used to transport drugs and biologicals are not left unattended; and
9. Compartments in the context of these regulations include but are not limited to drawers, cabinets, rooms, refrigerators, carts, and boxes.

STANDARD

249.12(a)(8)(ii)

Conformance with Physicians' Drug Orders - Medications administered to a resident are ordered either in writing or orally by the resident's attending or staff physician. Physician's oral orders for prescription drugs are given only to a licensed nurse, pharmacist, or physician. All oral orders for medication are immediately recorded and signed by the person receiving them and are countersigned by the attending physician in a manner consistent with good medical practice;

INTERPRETIVE GUIDELINES

249.12(a)(8)(ii)

1. Drugs and biologicals are administered as ordered by the physician and emphasis is placed on administering drugs at the prescribed times.
2. Verbal orders (i.e., telephone orders), are countersigned or confirmed in writing by the attending physician.

SURVEY PROCEDURES

249.12(a)(8)(ii)

To verify that the drug regimen complies with the physician's order, the surveyor:

1. Reads the policy regarding physicians' orders and checks the resident records for implementation of the policy;
2. Compares medication cards or the equivalent and the resident record to ensure that they concur with physician's orders; and
3. Checks verbal orders to verify that the are taken only by licensed personnel and are correctly countersigned.

249.12(a)(8)(iii)

249.12(a)(8)(iii)

Automatic Stop Orders - Medications not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies and the attending physician is notified;

249.12(a)(8)(iii)

The facility has a written policy covering automatic stop orders and the attending physician is aware of these policies when he admits a resident. The attending physician is contacted promptly when necessary for renewal of such orders so that the continuity of the resident drug regimen is maintained.

The surveyor reviews the written stop order policy and during the review of the resident records verifies that it is being followed.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(8)(iv)

Self-Administration - Self administration of medication is allowed only with permission of the resident's attending physician;

249.12(a)(8)(iv)

1. Drugs brought to the facility by the resident are used only if they have been positively identified as to name and strength and are used only upon the written orders of the attending physician.
2. Self-administration of medications by a resident is periodically checked by the health services supervisor to determine that the resident is taking his/her medications as directed and that they are properly and safely stored.
3. Drugs for outpatient use are released to resident upon discharge only after labeling for outpatient use by the pharmacist, and only on written authorization by the attending physician. A notation of drugs released to resident upon discharge is entered in the resident record.

249.12(a)(8)(v)

Medication Review - A registered nurse reviews monthly each resident's medications and notifies the physician when changes are appropriate. Medications are reviewed quarterly by the attending or staff physician; and

249.12(a)(8)(v)

Registered Nurse Review

1. The registered nurse responsible for reviewing monthly each resident's medications may do so in cooperation with the pharmacist who serves the facility.
2. The review should include, but is not limited to:
 - a. Procedures of administration;
 - b. Recording of medication;
 - c. Possible drug reactions and interactions;
 - d. Followup of medication errors; and

249.12(a)(8)(iv)

The surveyor checks:

1. The resident record to verify that the physician ordered self administration of medications; and
2. The drugs to ensure they are properly and clearly labeled.
3. The method for monitoring of the self-administration of medication by the health services supervisor.

249.12(a)(8)(v)

The surveyor reviews the resident records for documentation of the monthly review by a registered nurse and a quarterly review by the physician.

3. Documentation of the review of each resident's medications is accomplished in the following manner:
 - a. If there are no problems the registered nurse notes in the record that the medications have been reviewed;
 - b. If there are problems, the registered nurse contacts the attending physician and notes the contact and corrective action in the record.

Physician Medication Review

1. This regulation does not replace the 60 day recertification requirement but deals strictly with review of medications. If the 60 day recertification includes an onsite visit, the review of medications may be done at that time and documented.
2. A quarterly review need not be done on exactly the 90th day. The reviews, however, must be performed sufficiently close to the 90th day to approximate quarterly intervals, e.g., two reviews, one at the end of the quarter and another at the beginning of the next would not meet this requirement.

STANDARDS

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(8)(vi)

Administration of Medications - All personnel administering medications must have completed a State-approved training program in medication administration.

249.12(a)(8)(vi)

The intent for employing individuals who have completed a State-approved training program in medication administration is to allow the health service supervisor more time for resident care assessment, but at the same time provide assurance that drugs and biologicals are administered by individuals who are sufficiently trained so as not to jeopardize the health and safety of the resident.

1. The facility's records of all personnel whose assignments include administration of medication reflect that the individuals have successfully completed a State-approved program, and have had additional orientation to the facility policies and procedures.

2. Registered nurses and licensed practical (vocational) nurses are deemed to meet the requirement for completion of a State-approved program in medication administration.

3. The policies governing the administration of drugs and biologicals include provision for:

- a. Establishing procedures to ensure that drugs and biologicals are administered in a safe and acceptable manner by qualified personnel;
- b. Administering and monitoring drugs on an individual basis, and adequately maintaining records thereof; and
- c. Identify the licensed personnel (pharmacist, physician, or nurse) eligible and available to receive physician's oral orders for prescription drugs when a licensed nurse is not on duty.

249.12(a)(8)(vi)

The proper administration of medications is essential to safeguard residents. To ascertain that there is an effective method for the administration of drugs, the surveyor:

1. Checks to see if there are policies and procedures covering the administration of drugs, stop orders, verbal orders, etc;
2. Reviews a sample of medication cards or the equivalent to see that they concur with the physician's order and that the order is current, drug and dosage are correct, and are administered as directed;
3. Examines the incident reports for errors in administration of drugs;
4. Observes preparation of drugs for administration to verify that the procedure is being followed; and
5. Verifies that if the persons authorized by facility policy to administer drugs are not licensed, there is evidence that such unlicensed personnel have completed a State approved course on administration of drugs and is performing in a safe manner.

4. Written procedures for the administration of drugs and biologicals should include the following instructions:
 - a. Recording in the resident's record the
 - (1) method of administration,
 - (2) name and dosage of drug,
 - (3) site of injection (if applicable),
 - (4) medication errors and adverse reaction,
 - (5) name and/or initials of persons administering the drug or biological; and
 - (6) dates of drug reviews.
 - b. Recording and reporting to the attending physician when prescribed drugs are not administered or are refused;
 - c. Reporting immediately to the attending physician medication errors or adverse drug reactions; and
 - d. A system of resident identification to ensure right drug to right resident, such as:
 - (1) resident picture on medication card;
 - (2) attractive identification bracelets;
 - (3) name pins, etc.
 - e. Drugs and biologicals are prepared and administered during the same shift by the same person.
 - f. A list of appropriate and approved abbreviations is in the facility policy manual.
7. Current reference material on use of drugs is readily available.

STANDARD

Resident Record System - 45CFR249.12(a)(4)

249.12(a)(4)

The facility maintains an organized resident record system which assures that:

249.12(a)(4)(i)

1) There is available to professional and other staff directly involved with the resident and to appropriate representatives of the State agency a record for each resident which includes as a minimum:

(A) Identification information and admission data including past resident medical and social history.

INTERPRETIVE GUIDELINES

249.12(a)(4)

249.12(a)(4)(i)

The facility maintains for each resident an organized record which is conveniently accessible to appropriate staff and meets all applicable health, administrative and legal requirements.

249.12(a)(4)(i)(A)

The identification and admission data on the record include:

1. Vital Data

a. Resident identification information;

b. Name of nearest relative or other responsible agent;

c. Social security number and medicaid number, if different;

d. Source of referral;

e. Date and time of admission; and

f. Name of primary physician.

SURVEY PROCEDURES

IV. Resident Record System 249.12(a)(4)

The surveyor observes the locations of the resident records to assure their accessibility to appropriate staff.

249.12(a)(4)(i)(A)-(E)

1. The surveyor reviews a sample of discharged resident records to evaluate the completeness of information, recording of services rendered, and content as set forth in this standard.

In assessment of other service(s) records, the surveyor reviews a sample of current records for compliance with the requirements of the specific service as well as data required in this standard.

The surveyor takes particular note of assessment and goals of the plans of care, their implementation; and that adequate progress notes are entered into the records, that appropriate reports are included; and that authorization signatures are present as required by this standard.

2. Clinical Data

- a. Pre-admission medical and social evaluation as required by 45CFR259.24(a)(1)(i)
- b. Statement of problems and diagnoses;
- c. Copy of resume or abstract of any recent or relevant hospital inpatient record;
- d. Orders and instructions; and
- e. Referral information from other agencies.

249.12(a)(4)(i)(B)

Copies of initial and periodic examinations, evaluations, and progress notes including all plans of care and any modifications thereto, and discharge summaries.

249.12(a)(4)(i)(B)

The record includes:

1. Admission information as set forth in the interpretive guidelines for 249.12(a)(4)(i)(A);
2. Physician's orders pertaining to medications, treatments, diet, rehabilitation, limitation of activities (if any), and instructions for self-care;
3. Physician visits, orders, and progress notes, dated and signed (use of a rubber stamp signature is not an acceptable practice);
4. Progress and follow-up notes for all services provided; and
5. When applicable, a discharge report summary statement and records of disposition and referral.

INTERPRETIVE GUIDELINES

STANDARD

249.12(a)(4)(1)(C)

An overall plan of care setting forth goals to be accomplished, prescribing an integrated program of individually designed activities, therapies, and treatments necessary to achieve such goals, and indicating which professional service or individual is responsible for each element of care or service prescribed in the plan.

249.12(a)(4)(1)(C)

The record includes the initial and periodic assessment of the resident's needs, and statement of goals of care of each service providing direct care to the resident. The notations made by each service illustrate the progress of the resident in attaining these goals, and reflects the coordination of all services as set forth in the overall resident care plan (249.12(b)(2)).

249.12(a)(4)(1)(D)

Entries describing treatments and services rendered and medications administered;

249.12(a)(4)(1)(E)

All symptoms and other indications of illness or injury including the date, time, and action taken regarding each; and

249.12(a)(4)(1)(D)(E)

1. Notes are descriptive of the care provided and include observations of signs and symptoms, reactions to treatments and medications, and changes in the resident's physical or emotional condition.
2. All medications, treatments, and special procedures are recorded.
3. Resident's degree of participation in the activity programs, including pertinent observations, are recorded.
4. Reports, evaluations and consultations of services provided to the resident are dated and signed, e.g., laboratory, radiology, dentists, pharmacists, social workers, dietitians, and therapists.
5. Medications sent with resident upon discharge are recorded.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(4)(ii)

Protection of Resident Record Information - Records are adequately safeguarded against destruction, loss, or unauthorized use; and

249.12(a)(4)(ii)

The facility has policies and procedures for resident records that provide for safe storage and protection from unauthorized use.

249.12(a)(4)(ii)

1. The policies are reviewed to assure that they cover the confidentiality of the resident records.
2. The surveyor examines the filing and storage of the records to determine if they are protected from fire, unauthorized access, etc.

1. Written policies and procedures govern who may use resident records, and conditions that warrant record removal from the facility.

2. Written consent of the resident (or of the responsible person acting in his behalf) is required for release of medical information not authorized by law, except in case of transfer to another health care institution or as required by third party payment contract.

249.12(a)(4)(iii)

Retention and Preservation - Records are retained for a minimum of 3 years following a resident's discharge.

249.12(a)(4)(iii)

The facility has a written policy covering retention and preservation of records. The policy includes:

1. Length of time a record shall be retained; and
2. Disposition of the records in case of change of ownership or closure of the facility.

249.12(a)(4)(iii)

The policy manual is reviewed to determine that retention and preservation of resident records are covered as well as disposition of records in case of change of ownership or closure of facility.

STANDARD	INTERPRETIVE GUIDELINES	SURVEY PROCEDURES
V. Life Safety Code - 45CFR249.12(a)(5)		
249.12(a)(5)	249.12(a)(5)	249.12(a)(5)
The facility meets such provisions of the Life Safety Code of the National Fire Protection Association (21st Edition, 1967) as are applicable to institutional occupancies;	1. These standards are covered by a Life Safety Code Survey. 2. "The Fire Safety Manual for Nursing Homes" published by the American Nursing Home Association under contract number HSM 110-73-363 sponsored by Department of Health, Education, and Welfare, provides a reference to assist in implementation of fire safety practices within the facility.	This section is surveyed as part of the Life Safety Code Survey.
249.12(a)(5)(ii)	249.12(a)(5)(ii)	249.12(a)(5)(ii)

Waivers of Life Safety Code Provisions - In accordance with criteria issued by the Secretary, the State survey agency may waive the application to any such facility of specific provisions of such Code, for such periods as it deems appropriate, which provisions if rigidly applied would result in unreasonable hardship upon a facility, but only if such waiver will not adversely affect the health and safety of the residents; and

STANDARD

249.12(a)(5)(iii)

State Fire and Safety Code - The Life Safety Code shall not apply in any State if the Secretary makes a finding that in such State there is in effect a fire and safety code, imposed by State law, which adequately protects residents in intermediate care facilities.

Where waivers permit, the participation of an existing facility of two or more stories which is not of at least 2-hour fire resistive construction, blind, nonambulatory or physically handicapped residents are not housed above the street level floor unless the facility is of 1-hour protected non-combustible construction (as defined in National Fire Protection Association Standard #220), fully sprinklered 1-hour protected ordinary construction or fully sprinklered 1-hour protected wood frame construction.

INTERPRETIVE GUIDELINES

249.12(a)(5)(iii)

SURVEY PROCEDURES

249.12(a)(5)(iii)

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

VI Environment and Sanitation - 45CFR249.12(a)(6)

249.12(a)(6)

The facility maintains conditions relating to environment and sanitation as set forth below:

249.12(a)(6)(i)

Favorable Environment for Residents - Resident living areas are designed and equipped for the comfort and privacy of the resident. Each room is equipped with or conveniently located near adequate toilet and bathing facilities appropriate in number, size, and design to meet the needs of residents. Each room is at or above grade level and each resident room contains a suitable bed, closet space which provides security and privacy for clothing and personal belongings and other appropriate furniture;

(A) Resident bedrooms have no more than 4 beds.

Single resident rooms measure at least 100 square feet, and multi-resident rooms provide a minimum of 80 square feet per bed. The survey agency may waive in existing buildings, for such periods as deemed appropriate, provisions which, if rigidly enforced, would result in unreasonable hardship upon the facility but only if such waiver is in accordance with the particular needs of the residents and will not adversely affect their health and safety. Each room is equipped with a resident call system;

249.12(a)(6)(i)

1. Each resident unit has an individual bedside cabinet, comfortable chair, and storage space accessible to resident for clothing and other possessions. To ensure privacy in multi-resident rooms, each bed has a flame retardant cubicle curtain, screen, or partition.

2. Each resident room has handwashing facilities with both hot and cold running water, unless provided in adjacent toilet or bathroom facilities. Temperature of hot water should be regulated by an automatic control valve to prevent burns to residents with tender sensitive skin.

3. Each resident room is equipped with a resident call system that can be easily activated by the resident and can be recognized at a central location.

4. The room size and number of beds in a room should be consistent with the characteristics of resident needs. Waivers are granted in accordance with criteria established by the Secretary.

249.12(a)(6)(i)

The surveyor verifies that each:

1. Resident room is properly equipped, provides privacy for resident, and the handwashing facility with hot and cold running water is controlled by an automatic control valve at a temperature set forth in State law.

2. Floor and/or room has adequate bathing and toilet facilities.

3. Resident room has a call system that is easily activated and recognizable at a central location. To judge the acceptability of the call system, the surveyor reviews a combination of factors:

- a. Mobility of residents.
- b. Design of the facility.
- c. Intensity of staff supervision.
- d. Response of staff to resident calls.

STANDARD

249.12(a)(6)(ii)

Linen - The facility has available at all times a quantity of linen essential for proper care and comfort of residents. Each bed is equipped with clean linen.

INTERPRETIVE GUIDELINES

249.12(a)(6)(ii)

1. The linen supply should be at least three times that necessary for the number of occupied beds and requirements should vary dependent upon the type of resident. Arrangements should be made to provide an adequate supply of linen for long weekends.
2. Sorting of soiled linen, laundering, and extraction are separated from the ironing, folding, and storage of clean linen. Separate rooms, if available, and reverse exhaust fans are utilized to prevent cross contamination.
3. Clean linen and clothing are stored in clean, dry, dust-free areas and are accessible to staff.
4. Soiled linen and clothing are placed in suitable bags or containers in well-ventilated areas, are separated from the storage of clean linen, and are not permitted to accumulate in the facility.

249.12(a)(6)(iii)

Hot Water - An adequate supply of hot water for resident use is available at all times. Temperature of hot water at plumbing fixtures used by residents is automatically regulated by control valve.

249.12(a)(6)(iv)

Handrails - Except in the case of an institution for the mentally retarded or persons with related conditions, corridors used by residents are equipped with firmly secured handrails.

SURVEY PROCEDURES

249.12(a)(6)(ii)

Surveying the facility with respect to this standard requires the surveyor to observe:

1. The adequacy of the available linen supply;
2. The storage, separation, and distribution system; and
3. Whether each resident's bed has clean linen.

249.12(a)(6)(iii)

Although the Federal regulations do not set forth a specific degree for the temperature of the hot water, the surveyor must test the hot water to determine whether it meets applicable State standards, is within a safe temperature range, and is automatically controlled.

249.12(a)(iv)

The surveyor verifies that the facility has firmly secured, appropriate height handrails in all corridors used by the residents.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(6)(v)

Isolation - Provision is made for isolating residents with infectious diseases;

249.12(a)(6)(v)

1. If a facility is caring for a resident with an infectious disease, provision is made for isolating the resident as necessary in a single room, which is equipped with a private toilet and handwashing facilities.

2. Procedures for isolation techniques are established in writing and followed by all personnel. The procedure includes:

- a. Care of contaminated laundry (clearly marked bags and separate handling);
- b. Care of dishes and flatware (clearly marked and handled separately);
- c. Use of gowns and handwashing by staff, visitors, and others in contact with resident; and
- d. Use of precautionary signs.

249.12(a)(6)(vi)

Therapy Areas - Areas utilized to provide therapy services are of sufficient size and appropriate design to accommodate necessary equipment, conduct examinations, and provide treatment;

249.12(a)(6)(vi)

Space and facilities for the service are conducive to the safe and effective care of the resident.

1. Each rehabilitation service area is designed for easy access by residents requiring such services; and
2. Each service area is designed to observe the principles and practices of electrical safety and fire prevention.

249.12(a)(6)(v)

1. The surveyor verifies that there are provisions for isolation of a resident.

2. The procedures for isolation technique are reviewed to ascertain if they cover pertinent items.

3. If during a survey there is a resident in isolation, the surveyor observes if the proper techniques are followed.

249.12(a)(6)(vi)

The surveyor visits the therapy area to determine if the size and design are adequate in terms of the therapy services being provided.

STANDARD

249.12(a)(6)(vii)

Dayroom and Dining Area - The facility provides one or more areas for resident dining, diversional, and social activities; and areas used for corridor traffic shall not be considered as areas for dining, diversional or social activities.

249.12(a)(6)(viii)

Multipurpose Room - If a multipurpose room is used for dining and diversional and social activities, there is sufficient space to accommodate all activities and prevent their interference with each other.

INTERPRETIVE GUIDELINES

249.12(a)(6)(vii)

SURVEY PROCEDURES

249.12(a)(6)(vii)

The surveyor determines through observation whether the facility provides adequate areas for resident dining, diversional and social activities; and if any of these areas are used for corridor traffic.

249.12(a)(6)(viii)

The surveyor establishes through review of the activities schedule, social functions, etc., and through observation whether the space is adequate within the framework of the standard.

STANDARD

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

249.12(a)(6)(ix)

Facilities for Physically Handicapped - The facility is accessible to and functional for residents, personnel, and the public. All necessary accommodations are made to meet the needs of persons with semi-ambulatory disabilities, sight and hearing disabilities, disabilities of coordination, as well as other disabilities in accordance with the American National Standards Institute (ANSI) Standard No. A117.1 (1961) American Standard Specifications for Making Building and Facilities Accessible to, and Usable by, the Physically Handicapped. The survey agency may waive in existing buildings, for such periods as deemed appropriate, specific provisions of ANSI Standard No. A117.1 (1961) which, if rigidly enforced, would result in unreasonable hardship upon the facility, but only if such waiver will not adversely affect the health and safety of residents. For purposes of ANSI Standard No. A117.1 (1961), "existing buildings" are defined as those facilities or parts thereof whose construction plans are approved and stamped by the appropriate State agency responsible therefore before the date these regulations become effective.

249.12(a)(6)(ix)

1. The following references are to sections in ANSI A117; and, cross-references marked LSC are to the Life Safety Code Survey Report Form (SSA-786) where appropriate. (Parenthetical remarks provide supplementary interpretations.)

4.1 Are the facility grounds graded to the same level as the primary entrance so that the building is accessible to the physically handicapped?

4.2 Is the width and grade of walks used by residents and public designed so that they can be utilized by the handicapped?

4.3 If the facility has a parking lot, is properly designated parking space available near the building, allowing room for the physically handicapped to get in and out of an automobile onto a surface suitable for wheeling and walking? (Sufficient space for a handicapped driver to enter or leave an average size car is 12 feet.)

5.1 Are ramps designed so that they can be easily negotiated by individuals in wheelchairs? (Railings, preferably on both sides of the ramp, become particularly important the longer the ramp and the steeper the grade. Ramps approaching doors should have level platforms large enough to accommodate a wheelchair.)

249.12(a)(6)(ix)

1. For purposes of this standard, the intent of A117 is to ensure that all persons, (residents, staff, and public) can function in a intermediate care facility. Therefore, the specifics, i.e., door widths, water fountain heights, are not the paramount consideration. Rather the surveyor must evaluate the accessibility of the total environment, such as, are the doors wide enough to accommodate wheelchairs, are the doors operable by a single effort, are the ramps too steep to be negotiated by individuals in wheelchairs? In short, the building, its grounds, and its facilities should permit a physically handicapped person to go about his/her daily routine unassisted and should not prevent him from functioning within his/her capabilities.
2. Through observation, the surveyor should be able to judge whether architectural barriers prevent the physically handicapped from moving around the building, entering and leaving the building, or using the telephones, etc. When checking toilet facilities, for instance, the following questions should be kept in mind:
 - a. In the toilet rooms, is there at least one stall designed and equipped for someone in a wheelchair to enter the stall, close the stall door or curtain and transfer to the water closet?
 - b. Are lavatories in these toilet rooms usable by individuals in wheelchairs?
 - c. Of these toilet rooms, are those for men equipped with appropriately mounted urinals?
 - d. Are towel and other dispensers, racks, and mirrors in these toilet rooms mounted at heights that permit use by those in wheelchairs?

INTERPRETIVE GUIDELINES

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- 5.2 Is there a primary entrance usable by persons in wheelchairs? (LSF-SRF 3-5) (A primary entrance need not be the front door, but at the same time, it is not intended that the handicapped person must enter through service areas such as the kitchen or laundry.)
- 5.3 Are doors used by residents and public of sufficient width and so equipped and of a weight to permit persons in wheelchairs to open them with a single effort? (A single effort door is one that will not spring back and immediately lock when released.)

- 5.4.1 Are stairs that may be used by the physically handicapped of a height and design that allows such individuals to negotiate them without assistance? (Steep nosings should not protrude. If stairs would not be used by handicapped persons even in emergencies, it is not necessary that the stairs meet this requirement.)

- 5.4.3 Are these stairs equipped with handrails, at least one of which extends past the top and bottom steps?

- 5.5 Are floors non-slip and on a common level or connected by a negotiable ramp on each story?

- 5.6 Is there an appropriate number of toilet rooms accessible to and usable by the handicapped?

- 5.7 Is there an appropriate number of water fountains accessible to and usable by the handicapped?

- 5.8 Is there an appropriate number of public telephones accessible to and usable by the handicapped?

- 5.9 If a multi-story building, are elevators accessible to and usable by the handicapped, at entrance level and all levels normally used by the public? (LSF-SRF 7-4)

3. The ANSI standard was written for architects and thus is directed more towards the design and construction of new buildings. For this reason the ANSI standard permits waivers and these regulations provide that waivers may be granted for existing buildings. (See 405.1101 for definition of existing buildings.) When recommending ANSI waivers for existing buildings the surveyor applies the following criteria:

- Waiver of the particular feature of ANSI A117.1 will not endanger the health or safety of the beneficiary; and
- Correction of the deficiency would result in unreasonable hardship upon the facility i.e., cause substantial financial burden.

An appropriate period for granting a waiver is usually until the next scheduled survey at which time the waiver should be reassessed. If use of the facility and the reason for initially granting the waiver have not changed, it should be possible at the time of the subsequent surveys, to re-evaluate and appropriately grant waivers.

Some examples of waiver possibilities are cited below:

- Section 5.9 of ANSI A117.1 requires elevators in multi-story buildings. However, in such buildings, if handicapped persons are housed only on the first floor and all services ordinarily offered by the facility i.e., cafeteria, physical therapy, residence activities, etc., are also located on the first floor, financial hardship can be assumed since the installation of elevators always involves a substantial outlay of capital and a significant disruption of activities. In this situation a waiver should be considered.

INTERPRETIVE GUIDELINES

- 5.10 Are switches and controls of frequent or essential use within reach of wheelchair users?
- 5.11 Does the facility provide appropriate means for the blind to identify rooms, facilities, and hazardous areas?
- 5.12 Does the facility provide simultaneous audible and visual warning signals? (LSC-SRF 6-1)
- 5.13 Does the facility exercise safeguards to eliminate hazards for the handicapped?
Are resident closets accessible to and usable by the physically handicapped? Are patient beds of a height that permits an individual in a wheelchair to get in and out of bed unassisted?

These questions recognize the needs of the physically handicapped as they attempt to function in an environment that is seldom designed with them in mind. Most buildings and grounds do not tolerate the needs of those with mobility limitations. As a result, the physically handicapped are frequently isolated from society because they cannot move about or use the same buildings and grounds. The adoption of ANSI A117.1 represents an effort to prevent this enforced isolation of the physically handicapped; to correct or forestall the erection of architectural barriers that in effect fence off the physically handicapped from their fellow citizens.

2. To facilitate the survey, the questions on the survey form were expressed in general terms. Certain phrases are used to convey the purpose of various sections of A117.1. These phrases are defined below:

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- (2) Doors may be less than 32 inches when opened as required by section 5.3.1 of ANSI A117.1. However, most wheelchairs are 25 to 26 inches wide and if a facility comes close to meeting the requirement, e.g., 30 to 31 inch door openings, wheelchair resident should be able to pass through the opening. (While the ANSI standard requires only 32-inch door openings, it should be recalled that the LSC calls for 40 inches in clear width to residents' sleeping rooms.)
- (3) Public telephones are required by section 5.8 of ANSI A117.1. This requirement could certainly be considered for waiver, if the criteria above are met when each resident has his own telephone.
- (4) Warning signals are almost without exception audible. Simultaneous visible warning signals (ANSI 5.12) may be waived in an institutional occupancy where staff is responsible for directing residents with hearing handicaps in the event of an emergency.
- (5) Where waivers have been previously granted by individuals performing Life Safety Code surveys and accepted by the appropriate authorities, and the waiver covers a provision of ANSI A117.1, it may not be necessary to prepare another waiver. A judgment must be made by the person doing the ANSI review whether or not the waiver violates the intent of ANSI A117.1. If it appears that the ANSI reviewer could not rationalize a previously granted LSC waiver, it will be necessary to reevaluate the waiver decision in light of ANSI A117.1, for example, some 27-inch width doors were accepted for waiver by a LSC inspector, and these doors are used by persons in wheelchairs, this may well violate the intent of ANSI A117.1. If, however, the LSC waiver is

INTERPRETIVE GUIDELINES

SURVEY PROCEDURES

- a. Accessible and usable--Placed in a manner that can be utilized by and convenient to persons in a wheelchair, on crutches, or otherwise handicapped, e.g., the telephones, water fountains, elevator buttons, toilets, etc. shall be so positioned and at a height that a person in a wheelchair can readily approach and dial the phone, drink from the fountain, push the elevator button, or transfer to the water closet seat.
 - b. Appropriate means--Compensative features be provided to enable persons with different disabling conditions to utilize the facilities of the institution.
 - c. Appropriate number--In this reference, appropriate number means the number of specific items (telephones, toilet rooms, water fountain, etc.) necessary to allow the physically handicapped to function while in the ICF. There should be sufficient facilities to accommodate all physically handicapped, whether residents, staff, or public. For example, there should be a sufficient number of properly equipped toilet facilities for physically handicapped residents as well as for physically handicapped visitors and staff. The number of such facilities needed is judged in relation to the physically handicapped population requiring them.
 - d. Eliminate hazards--The facility shall make every effort to do away with hazardous conditions, which, due to construction or design features, cannot be changed. The hazard is called to the attention of the handicapped person and necessary action is taken to eliminate the potential danger resultant from the condition, e.g., by providing ramps, guardrails, barricades, and other aids as appropriate.
- allowed to submit a necessary documentation can be accomplished by submitting the health survey form by reference to the authority and date by which the LSC waiver was previously granted. Any health-related rationale should be included, if appropriate.
- (6) Documentation of unreasonable hardship--Necessary for waiver action should include:
 - a. Estimated cost of the installation;
 - b. Availability of financing;
 - c. Remaining useful life of building; and
 - d. Description of patient care and services.

General Intermediate Care Facilities
Definitions of Terms Used in Regulations and Survey Report Forms

249.12(a)(9)

- (1) Health Services Supervisor - Immediate supervision of the facility's health services on all days of each week is by a registered nurse or licensed practical (or vocational) nurse employed full-time on the day shift in the intermediate care facility and who is currently licensed to practice in the State; provided, that:
- (A) In the case of facilities where a licensed practical (or vocational) nurse serves as the supervisor of health services, consultation is provided by a registered nurse, through formal contract, at regular intervals, but not less than 4 hours weekly;
- (B) By January 1975, licensed practical (or vocational) nurses serving as health services supervisors have training that includes either graduation from a State approved school of practical nursing or education and other training that is considered by the State authority responsible for licensing of practical nurses to provide a background that is equivalent to graduation from a State approved school of practical nursing, or have successfully completed the Public Health Service examination for waived licensed practical (vocational) nurses; and
- (C) Other categories of licensed personnel with special training in the care of residents may serve as charge nurse: Provided, That such person is licensed by the State in such category following completion of a course of training which includes at least the number of classroom and practice hours in all of the nursing subjects included in the program of a State approved school of practical (or vocational) nursing as evidenced by a report to the single State agency by the agency or agencies of the State responsible for the licensure of such personnel comparing the courses in the respective curricula;
- 405.1101
- (f) Dietitian (qualified consultant). A person who:
- (1) Is eligible for registration by the American Dietetic Association under its requirements in effect on January 17, 1974; or
- (2) Has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, has 1 year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.
- (m) Occupational therapist (qualified consultant). A person who:
- (1) Is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association; or
- (2) Is eligible for certification by the American Occupational Therapy Association under its requirements in effect on the publication of this provision; or
- (3) Has 2 years of appropriate experience as an occupational therapist, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, except that such determinations of proficiency shall not apply with respect to persons initially licensed by a State or seeking initial qualifications as an occupational therapist after December 31, 1977.
- (n) Occupational therapy assistant. A person who:
- (1) Is eligible for certification as a certified occupational therapy assistant (COTA) by the American Occupational Therapy Association under its requirements in effect on the publication of this provision; or

(2) Has 2 years of appropriate experience as an occupational therapy assistant, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, except that such determination of proficiency shall not apply with respect to persons initially licensed by a State or seeking initial qualification as an occupational therapy assistant after December 31, 1977.

(q) Physical therapist (qualified consultant): A person who is licensed as a physical therapist by the State in which practicing, and

(1) Has graduated from a physical therapy curriculum approved by the American Physical Therapy Association, or by the Council on Medical Education and Hospitals of the American Medical Association, or jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association; or

(2) Prior to January 1, 1966, was admitted to membership by the American Physical Therapy Association, or was admitted to registration by the American Registry of Physical Therapists, or has graduated from a physical therapy curriculum in a 4-year college or university approved by a State department of education; or

(3) Has 2 years of appropriate experience as a physical therapist, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, except that such determinations of proficiency shall not apply with respect to persons initially licensed by a State or seeking qualification as a physical therapist after December 31, 1977; or

(4) Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring physicians; or

(5) If trained outside the United States, was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy, meets the requirements for membership in a member organization of the World Confederation for Physical Therapy, has 1 year of experience under the supervision of an active member of the American Physical Therapy Association, and has successfully completed a qualifying examination as prescribed by the American Physical Therapy Association.

(r) Physical therapist assistant. A person who is licensed as a physical therapist assistant, if applicable, by the State in which practicing, and

(1) Has graduated from a 2-year college-level program approved by the American Physical Therapy Association; or

(2) Has 2 years of appropriate experience as a physical therapist assistant, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, except that such determinations of proficiency shall

not apply with respect to persons initially licensed by a State or seeking initial qualification as a physical therapist assistant after December 31, 1977.

(t) Speech pathologist or audiologist (qualified consultant). A person who is licensed, if applicable, by the State in which practicing, and

(1) Is eligible for a certificate of clinical competence in the appropriate area (speech pathology or audiology) granted by the American Speech and Hearing Association under its regulations in effect on the publication of this provision; or

(2) Meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.



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